

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No.

Registrar's No.

389

338

1. PLACE OF DEATH:

St. Louis, Mo.

- (a) County _____
(b) City or town _____
(c) Name of hospital or institution: 1607 N. 25th St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Mary Hogan.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced, widow 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 5, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 5 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thos. Murphy

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen (Unknown)
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Hogan.

(b) Address 1607 N. 25th St.,

17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Und. Co.

(b) Address 2849 N. Euclid

19. (a) JAN 12 1942 (b) J. F. Prudek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town 1607 N. 25th St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1942 hour 3 minute 45 pm.

21. I hereby certify that I attended the deceased from Nov 15, 1941, to Jan 10, 1942, that I last saw him alive on _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia Bronchitis
Due to Acute Bronchitis
Duration 3 days

Due to Sanguinity
Other conditions Hypertension
(Include pregnancy within months of death)

Major findings: Of operations: 10. 7
Of autopsy: 10. 1
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

23. Signature A. Michael (M. D. or other) _____
Address 2704 Cass Date signed 1/14/42

U.S. DEPARTMENT OF HEALTH
3704 Base 1-11-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert Mayfield
3077

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.